

# NO CHANGE IN BUILDING CONSTRUCTION DECLARATION

Michigan Department of Human Services

## CENTER INFORMATION

Name		Address		
License Number	Telephone Number	City	State <b>MI</b>	Zip Code

## SPONSOR OR PARENT ORGANIZATION (Partnership, Firm, Corporation, Association, or Owner)

Name		Address		
License Number	County	City	State	Zip Code

I, am a representative of the sponsor organization, certify that there has not been any new construction, remodeling, additions or renovations made to the building located at the address listed above since

\_\_\_\_\_ originally inspected the building on

\_\_\_\_\_  
Name of Qualified Fire Safety Inspector or State Fire Marshal

\_\_\_\_\_  
Date of Inspection

New construction, remodeling, additions, or renovations includes but is not limited to:

- replacing paneling or ceiling tiles
- painting paneling or ceiling tiles with any paint including a fire retardant coating
- building additional interior walls or partitions
- making changes in the kitchen such as remodeling the kitchen by installing commercial equipment that is not similar to the equipment that was present when the original inspection was made, remodeling by making a service window in a new or existing wall
- making changes in the heating system, heat plant room, incinerator, or hot water heater
- adding or replacing locks or making other changes to exit doors or door hardware (door knobs, hinges, closing devices)
- rewiring any portion of the building
- replacing or installing electrical fixtures
- installing an approved closed circuit self-supervised electrical fire alarm system
- redecorating, including putting up a new bulletin boards, new curtain partitions, addition of or change in use of folding partitions, new wall-to-wall window treatments
- changes in placement, kind and amount of combustible and flammable storage

I certify that when any changes are made to the building in the areas listed above, or in other areas, such information shall be shared with the Department.

I certify that the areas of the building that were inspected at that time and approved for use by child care children are the areas currently being used or areas that will be used by the center. Further, not additional or different areas in the building are being used or will be used. This applies to the means of egress as well as classrooms, the heat plant room, the kitchen or other rooms used by the center.

Witness Signature	Date	Applicant/Representative	Date
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## RETAIN A COPY FOR YOUR FILE

AUTHORITY: 1973 PA 116. COMPLETION: Required Non-compliance may result in denial of issuance of a license/ approval to operate a child care center	Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area
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